

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/571,661

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		(1)				
10		(1)				
11		(1)				
12		(1)				
13		(1)				
14		(1)				
15		(1)				
16			1			
17				1		
18				1		
19				1		
20				1		
21				2		
22				2		
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50						
TOTAL IND.	1		1			
TOTAL DEP.	14		30			
TOTAL CLAIMS	15		31			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
TOTAL CLAIMS						